## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FLE: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (5711-273-2885

				202 (	, = =				
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required, Blocks I through 5 should be complete where appropriate, All further correspondence including the Publica, advance orders and notification of minintenance feet will be malled to the turned correspondence address and notification of minintenance feet will be malled to the turned correspondence address; and official on the surrespondence address; and/or (b) inclinating a separate TEE AIDDRESS' for maintenance feet notifications.									
CURRENT CORRESPONDENCE ADDRESS (Non: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
22907									
BANNER & WITCOFF, LTD. 1100 13th STREET, N.W. SUITE 1200					I hereby certify that this Feed () Transmits is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being feesimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.				
WASHINGTON, DC 20005-4051					(Depositor's same)				
					(Signiture)				
					(Date)				
APPLICATION NO. FILING DATE				FIRST NAMED INVENTO	IR.	ATTORNEY DOCKET NO.   CONFIRMATION NO.			
10/507,492	06/13/2005	Bart Wessel Voltkamp	mp 006553.00003 8548						
TITLE OF INVENTION: HEAT RECUPERATOR WITH FROST PROTECTION									
APPLN. TYPE	SMALL ENTITY			PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300	<b>\$</b> 0		\$1810	12/08/2009	
EXAMINER			ART UNIT	CLASS-SUBCLASS	]				
CIRIC, LJILJANA V 3744 165-267000									
I. Change of correspondence address or indication of "Fee Address" (37 CR 1.153).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/2) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/4/2, Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to agents OR, alternate (2) the name of a sing registered attorney or 2 registered patent att	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CTY and STATE OR COUNTRY)									
Level Holding B.V. The Netherlands									
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual WCorporation or other private group entity Ogovernment  4a. The following fec(s) are submitted:  4b. Payment of Fec(s) (Please first reapply any previously paid issue fee shown above)									
Issue Fee		A check is enclosed.							
☐ Advance Order - # of Copics				☐ Payment by credit card, Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.									
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Tradenark Office.									
Authorized Signature	<u> </u>		well		Date	u	20/09		
Typed or printed name _	Susan' A. W				Registration No	·	3,568		
This collection of information is required by 37 CFR 1.311, The information is required to obtain or reasin a benefit by the public which is in 16 (and by the USFTO to process) an opigication. Confidentially is governed by 31 U.S.C. 120 and 37 CFR 1.41 This collection is estimated to take 12 instances to complex, including gathering, preprint an obtaining the completed application form to the 15FTO. Time will vary depending upon the individual case. Any comments on the security of time yet over the complex of the control of time yet over control or time to the control of time yet over control or time to the control of time yet over control or time. Appl. 68.85 1.65 (as 14.50 as									

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.